DATENT ADDITION FOR DETERMINATION FOR THE									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003									15 1 28 900				
CLAIMS AS FILED - PART I								10128895					
(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			21			RA		RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUM	NUMBER EXTRA		BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			21 minus 20=		* /			X\$ 9=		OR	X\$18=	12	
INDEPENDENT CLAIMS			3 minus 3 = * 0					X43=		OR	Vac		
М	JLTIPLE DEPE	NDENT CLAIM F	PRESENT					+145=	1	7		1	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	-		OR		2.00	
CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	7-88	
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	·	CLAIMS REMAINING AFTER		HIGHE NUME PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	AMENDMENT	Minus	PAID F	OR	 	-		FEE	1		FEE	
	Independent	*	Minus	***		=	F	X\$ 9=	-	OR	X\$18=		
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=	<u> </u>	OR	X86=		
								+145=		OR	+290=		
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1) (Column 2) (Column 3)											
NDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
AMEN	Independent	*	Minus	***		=		X43=		1 1	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash			OR	7002		
										OR	+290=		
								TOTAL DIT FEE		OR A	TOTAL DDIT. FEE		
_			-	• .			·						
MEN		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE: NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	No.		= .	×	(\$ 9=		OR	X\$18=		
	Independent		Minus	***		=	卜	(43=				7	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.70=		OR	X86=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL ODIT, FEE		
. Т	he "Highest Num	ber Previously Paid	For" (Total or	Independent	ess unan I) is the h	o, enter 3. ighest number f		-	ropriate box				